WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 36918
Township — Primary Registration District No. 1001 — Registered No. 1148
City St. Joseph, Mo. (No. 1702 Prospect St. Ward)

2. FULL NAME Elizabeth Simpson
(a) Residence, No. 1702 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hubert Simpson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20 1890
7. AGE: YEARS 41 — MONTHS 0 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calao Missouri

FATHER
13. NAME: Ike Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adaire County, Missouri

MOTHER
15. MAIDEN NAME: Fannie Dannis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): Mr. Hubert Simpson St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL: Calap Mo
PLACE ~~Bonneville Mo~~ DATE Nov 16 1931
19. UNDERTAKER (ADDRESS): Fleeman Funeral Home, St. Joseph Mo.
20. FILED NOV 16 1931 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14, 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 14, 1931
I last saw her alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 4/31
23A 108 23	
Other contributory causes of importance: Pulmonary Tuberculosis	Unknown

Name of operation: None — Date of
What test confirmed diagnosis? Laboratory Clinical Signs — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Clarence A Good, M. D.
(Address) St Joseph Mo.